

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014935

STATE FILE NUMBER

FILED MAY 8 1959 Registration District No. Primary Registration District No. Registration No. 2854

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis		c. CITY OR TOWN University City	
c. FULL NAME OF (If NOT in hospital, give location) Jewish Hosp.		d. STREET ADDRESS 730 Interdrive	
3. NAME OF DECEASED (Type or print) ANNA EBERHARD		4. DATE OF DEATH Mar. 20, 1959	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 1897
9. AGE (In years last birthday) 61		10. FUNDING YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and state or country) USSR		12. CITIZEN OF WHAT COUNTRY? USSR	
13a. FATHER'S NAME Zalman Michelson		13b. MOTHER'S MAIDEN NAME Chai (unk)	
14. NAME OF HUSBAND OR WIFE Joseph		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. Unk.		17. INFORMANT Joseph Eberhard 730 Interdrive	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ① CORONARY OCCLUSION, ACUTE, with ② MYOCARDIAL INFARCTION, complicated by DUE TO (b) ③ PULMONARY INFARCTION DUE TO (c) 420.1 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) ① Hypertension, ② DIABETES MELLITUS			19. INTERVAL BETWEEN ONSET AND DEATH + 5 weeks
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Death occurred at 1:15 AM 3-20-59 to time of death and last saw her alive on 3/20/59		22a. SIGNATURE Alfred Fleischman M.D.	
22b. ADDRESS 15 N. Brentwood Clayton 5 Mo		22c. DATE SIGNED 3/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Rem.		23b. DATE 3/22/59	
23c. NAME OF CEMETERY OR CREMATORY Chesed Shel Emeth		23d. LOCATION (City, town, or county) (State) University City, Mo	
24. FUNERAL DIRECTOR Berger Memorial 4715 McPherson		25. DATE RECD. BY LOCAL REG. MAR 20 '59	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed *Quirico J. Gaudin* .....

Licensed Embalmer No. *4229* .....

P. O. Address .....

**Note:** The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.